

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 4.18-D Page 1 OMB No.: 0938-
	STATE PLAN UN	DER TITLE XIX OF T	THE SOCIAL SECURITY ACT
	State/Territory	: New York	
	Premiums Impose	d on Low Income Pr	egnant Women and Infants
option	nal categorically	is used to determing needy pregnant wo (ii)(IX)(A) and (i	ne the monthly premium imposed on omen and infants covered under B) of the Act:
for p	remium payment,	notification of the	d is as follows (include due date e consequences of nonpayment, and ver of premium payment):
*Descript	ion provided on	<b>attachmen</b> t	
*Descript	ion provided on		00.11 1001
*Descript TN No.9 Supersent TN No.	ion provided on		92 Effective Date OCT 1 1991

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		AUGUST 1991		IPD)		ATTACI Page 2 OMB No			
		STATE PLA	N UNDER	TITLE XI	X OF THE	SOCIAL S	ECURITY	ACT	
		State/Terri	tory:	New Y	ork			<del></del>	
c.	State	or local fur	nds unde	r other p	programs	are used	to pay	for premium	ns:
		Yes			No				
D.	a pre	riteria used mium because ibed below:	for det	ermining d cause a	whether	the agenc	y will on an i	waive payme ndividual a	nt
	qescr.	iped below:							
	j.								
	ъ								
	•								
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	•								
	scripti	on provided	on atta	chment.					

HCFA ID: 7986E